FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction		l								
1 NAME OF			•			<u> </u>	_	Offic	e use only			_
NAME OF     COMMITTEE (in	full)	(Check if name is changed)	over the	le: If typying e lines	j, type	12F	E4M5					
WESPAC - Se	curing America's	Future		111			1 1		<u> </u>		1 1 1	
	<u> </u>	<u> </u>		1 1 1			1 1	1 1			1 1 1	J
ADDRESS (number and	street) 116 (	Ottenheimer, Sui	te 300									_
(Check if add	ress						ш					
is changed)		Rock			шШ	<b>A</b> F	ß	Ш	72201		ш	_
COMMITTEE'S E-MA	UI ADDDECC		CITY			STATE	•		ZIP (	CODE 4	•	
	curingamerica.co	om										ı
				1 1 1								ı
		<del>                                     </del>		1 1 11								4
COMMITTEE'S WEB	PAGE ADDRESS (U ngamerica.com	RL)										
1 1 1 1 1					ШШ	ш		Ш	Ш		ш	]
						ш		11	ш			
COMMITTEE'S FAX 3019471531	NUMBER											
2. DATE <b>M</b>	M / D D / Y	2007 <sup>°</sup>										
3. FEC IDENTIFICA	ATION NUMBER	C	C003	8602								
4. IS THIS STATE!	MENT NEW	I (N) OR	X	AMEND	ED (A)							
I certify that I have exam	nined this Statement and	to the best of my know	vledge and b	elief it is tru	e, correct a	nd compl	ete					_
Type or Print Name of	Treasurer (	Catherine Grunde	en									
,												
Signature of Treasure	r Electronically File	d by Catherine (	Grunden			Date	<b>0</b> 1	<b>1</b> /	<b>0</b> 2	/ Y	<sup>y</sup> 2 0 0 7	
NOTE: Submission of fa		nplete information may							2 U.S.C.	S437g.		-
Office			F	or further in	formation	contact:					n -1	-
Use Only			T T	ederal Election Il Free 800- Incal 202-694	424-9530	sion		'	(Revised			

	FECForm 1 (Revised 02/2003)	Page 2					
5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Party Affiliation Office Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		emocratic, oublican,etc.) Party.					
	(e) This committee is a separate segregated fund						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party					
6.	Name of Any Connected Organization or Affiliated Committee						
l		<b>.</b>					
	Mailing Address						
	CITY▲ STATE▲ 2	ZIP CODE A					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	on					
	Membership Organization Trade Association Cooperative						

FEC Form 1 (Revised 02/2003)			Page 3
Write or Type Committee Name			
WESPAC - Securing America	's Future		
<ol> <li>Custodian of Records: Identify be possession of Committee books</li> </ol>	by name, address, (phone number and records.	optional), and position of th	ne person in
Full Name Vickie Winpi	singer		
Mailing Address	315 Inspiration Lane		
<u> </u>	Gaithersburg	MD	20878
Title or Position ♥	CITY A	STATE	ZIP CODE A
Assistant Treas		Telephone number	947 0278
Full Name of Treasurer  Catherine Gr  Mailing Address	runden 116 Ottenheimer, Suite 300		
	Little Rock	AR	72201
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Treasurer		Telephone number 501	244
Full Name of Designated Agent			
Mailing Address			
 Title or Position ♥	CITY		
This of F conton	CITY A	STATE ▲	ZIP CODE A

FEC Form 1 (	(Revised 02/2003)	Page 4
	•	ts, rents
Name of Bank, Depo	ository, etc.	
	Bank of America	
Mailing Address	200 West Capitol Avenue	
	Little Rock AR 722	01   -
	Banks or Other De safety deposit boxes Name of Bank, Depo	Mailing Address  200 West Capitol Avenue

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷